

CIVIL SERVICE RULE VI DISCRIMINATION COMPLAINT FORM

Please fill this form out completely and file with the Commission Office in order for Commission staff to begin processing your complaint. This form is to be used **solely for the purpose of filing a Rule VI Discrimination Complaint**. If you need additional space to answer questions 1-5, please attach sheets and number accordingly. Please contact Commission staff at 619-531-5751 if you have any questions. Civil Service Rule VI can be found on the Internet at: <http://www.sdcounty.ca.gov/civilservice/pdf/csr006.pdf>

Name(s): _____

Address: _____

Telephone Nos.: Home: _____ Work: _____ Other: _____

Email Address: _____

If current County employee, state current job title and employing department:

You will be: ☐ Representing Self

☐ Represented by: _____

Address: _____

Telephone/Fax Nos.: _____

Email Address: _____

1. Date of alleged discrimination, or when you first became aware of said discrimination: _____

2. What type(s) of discrimination are you alleging to have occurred (racial, gender, etc.). Please refer to [Civil Service Rule VI](#). _____

3. What happened? Please provide a brief statement of essential facts on why you believe you were discriminated against. _____

4. Have you filed a discrimination complaint based on the same facts with any other agency? If so, please indicate which one(s) and give date of filing.

5. Have you, or are you planning on, filing an appeal or complaint involving other Civil Service Rules in conjunction with this one? If so, please file separately for each Rule. _____

Dated: _____

Signature: _____

Send completed form to:
Civil Service Commission
1600 Pacific Highway, Room 458
San Diego, CA 92101

Mail Stop: A-209
E-Mail: CivilService.FGG@sdcounty.ca.gov
Fax: (619) 685-2422

Also See:

Administrative Manual Section 0080-04-8 -- Discrimination Complaints Filed with the Commission (<http://www.sdcounty.ca.gov/civilservice/pdf/0080-04-8.pdf>)